

1

<div style="display: flex; justify-content: space-between;"> <div style="text-align: left;"> <p><i>Filed</i> 5-5-04</p> <p>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</p> </div> <div style="text-align: right;"> <p>SERIAL NO. <i>09/194164</i></p> <p>FILING DATE</p> </div> </div>						
CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
13				1		
14				1		
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43				1		
44				1		
45				1		
46				1		
47				1		
48			1			
49				1		
50			1			
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		↓	89	↓		↓
TOTAL CLAIMS			96			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

2

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/94/64

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
/01				2		
/02						
/03				2		
/04				2		
/05				2		
/06				2		
/07				2		
/08				2		
/09				2		
/10				2		
/11				2		
/12				2		
/13						
/14						
/15				2		
/16				2		
/17				2		
/18				2		
/19				2		
/20				1		
/21				2		
/22				2		
/23				2		
/24				2		
/25				2		
/26				2		
/27				2		
/28				2		
/29				2		
/30				2		
/31						
/32				2		
/33						
/34			1			
/35			1			
/36				2		
/37				2		
/38				2		
/39				2		
/40				2		
/41				2		
/42				2		
/43				2		
/44				2		
/45				2		
/46				2		
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						